



## **STRENGTHENING HIV/AIDS SERVICES FOR MOST AT RISK POPULATIONS IN PAPUA NEW GUINEA**

**PERIOD – 1 JULY 2013 TO 30 SEPTEMBER 2013**

**QUARTER IV**

## ABBREVIATIONS

AIP	Annual implementation plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral therapy
CMT	Case management team
COGs	Clinical Operating Guidelines
CoPCT	Continuum of Prevention to Care and Treatment
CST	Care, support and treatment
DLA	Development Legal Assistance
FBO	Faith- based organization
FSO	Field Support Officer
FSVAC	Family and Sexual Violence Action Committee
FY	Fiscal year
GBV	Gender-based violence
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
IA	Implementing agency
IBBS	Integrated biological and behavioral survey
IMAI	Integrate management of adult illnesses
MARP	Most-at risk population
M&E	Monitoring and evaluation
MSF	Medecins Sans Frontieres

MOU	Memorandum of Understanding
MSM	Men who have sex with men
MTS	Men in transactional sex
NACS	National AIDS Council Secretariat
NBC	National Broadcasting Commission
NCD	National Capital District
NDoH	National Department of Health
OI	Opportunistic infection
PAC	Provincial AIDS Committee
PEP	Post exposure prophylaxis
PHO	Provincial Health Office
PICT	Provider initiated counseling and testing
PLHIV	People living with HIV
PLWHA	People Living With Higher Aims
PMP	Performance management plan
PNG	Papua New Guinea
PNGIMR	Papua New Guinea Institute of Medical Research
PPTCT	Prevention of parent-to-child transmission
Q4	Quarter Four
SBC	Strategic behavior change
SBCC	Strategic behavior change communication
SI	Strategic Information
STI	Sexually transmitted infection

TA	Technical assistance
TG	Transgender
TWG	Technical working group
USAID	United States Agency for International Development
USCDC	United States Centers for Disease Control
VCT	Voluntary counseling and testing
WTS	Women in transactional sex

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## EXECUTIVE SUMMARY

Throughout Quarter Four (Q4) of Fiscal Year 2013, FHI 360 and its partner organizations worked closely with government agencies and private sector organizations at the national and sub-national levels. Major outcomes of close coordination and partnership with the National Capital District (NCD) Health Office and the National Department of Health (NDoH) included registration of Koki Clinic, one of the three project health facilities in NCD, as an urban health clinic and accreditation of two clinical sites in NCD to offer services for opportunistic infections and antiretroviral therapy (OI/ART). FHI 360 also supported the Family Sexual Violence Action Committee (FSVAC) in arranging a series of radio talk-back shows on gender-based violence (GBV) broadcast by two radio stations. Collaboration with FSVAC resulted in a proposal and planning of a two-day workshop to develop guidelines for safe houses, which was held on October 9<sup>th</sup> and 10<sup>th</sup>, 2013.

### KEY TASKS OF THE PROJECT DURING Q4 of FY13:

- FHI 360 signed a sub-agreement with the Madang Provincial Health Office (M-PHO) and deployed a project coordinator.
- NCD Health registered Koki Clinic and initiated registration for services in the two health facilities that provide STI, HCT and OI services for MARPs as part of the Strengthening HIV/AIDS services for Most at-risk Populations in Papua New Guinea (PNG) project in NCD.
- Mr. Dennis Wendel, USAID Pacific Islands Director, handed over medical equipment to NCD Health Services. The equipment will be managed by Four Square Church and the Salvation Army. Equipment procured by FHI 360 included microscopes, blood pressure machines, ophthalmoscopes, Cusco vaginal speculums (all sizes), proctoscopes, stethoscopes, tape measures, sphygmomanometer cuffs, sharps disposal equipment, beds and point-of-care CD4 machines to ensure compliance with NDoH requirements.
- Implementing agencies held their first quarterly coordination meeting between health care workers and outreach team members focused on ensuring quality of health care services.
- FHI 360 hosted a joint public-private partnership meeting bringing together MARPs project partners, local stakeholders and owners/managers of MARPs-frequented establishments in order to strengthen private sector engagement.
- Two NCD-based radio stations aired talkback shows on GBV featuring panelists from NDoH, Medicins Sans Frontieres (MSF), FSVAC, and FHI 360. An additional 4 provincial radio stations also aired programs on GBV.
- FHI 360 facilitated in-service training for 47 healthcare providers, including 8 individuals trained on the project's Clinical Operating Guidelines (CoGs); 19 trained on HIV case management; 15 in GBV case management; 4 trained in provider-initiated counseling and testing (PICT); and 1 healthcare provider trained in Integrated Management of Adult Illnesses (IMAI).

- FHI 360 staff conducted data quality assessments with IAs in NCD and Madang.
- Peer outreach teams conducted community events in two sites in NCD where they promoted HIV counseling and testing (HCT) and other project services. A total of 165 individuals received general health checkups with 26 receiving VCT.

## PROGRAM MANAGEMENT AND DEVELOPMENT

**OBJECTIVE 1:** To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families

FHI 360 PNG finalized several MARPs-focused strategic behaviour communication (SBC) tools which are currently being printed, including:

- sexual health cards in English and Pidgin for both men who have sex with men (MSM) and women in transactional sex (WTS),
- a booklet in Pidgin and Motu on what to expect when you go for a sexually transmitted infections (STI) check-up, and
- HIV risk assessment cards to help behavior change clients understand HIV transmission, explain why some behaviors are riskier than others, and identify ways to reduce risk.

During Q4, FHI 360 provided 3,231 pieces of SBC material both to implementing partners and directly to selected establishments frequented by MARPs. Outreach team members distributed 313 of these SBC materials to clients.

In addition to SBC materials, FHI 360 also continued to provide condoms and lubricants for direct distribution to MARPs during individual and group outreach sessions and indirectly through condom outlets in hot spot areas. FHI 360 distributed 63,000 condoms to IAs in NCD and Madang (60,000 colored-scented male condoms and 3,000 female condoms) along with 37,000 lubricant packets. This number included 12,000 male condoms, 3,000 female condoms, and 10,000 packets of lubricant that were distributed directly to five hot spot establishments in NCD. During Q4, three IAs (Four Square Church, Salvation Army and People Living with Higher Aims (PLWHA)) distributed 118,794 condoms (110,393 male condoms and 8,401 female condoms) to MARPs through individual and small-group outreach.<sup>1</sup>

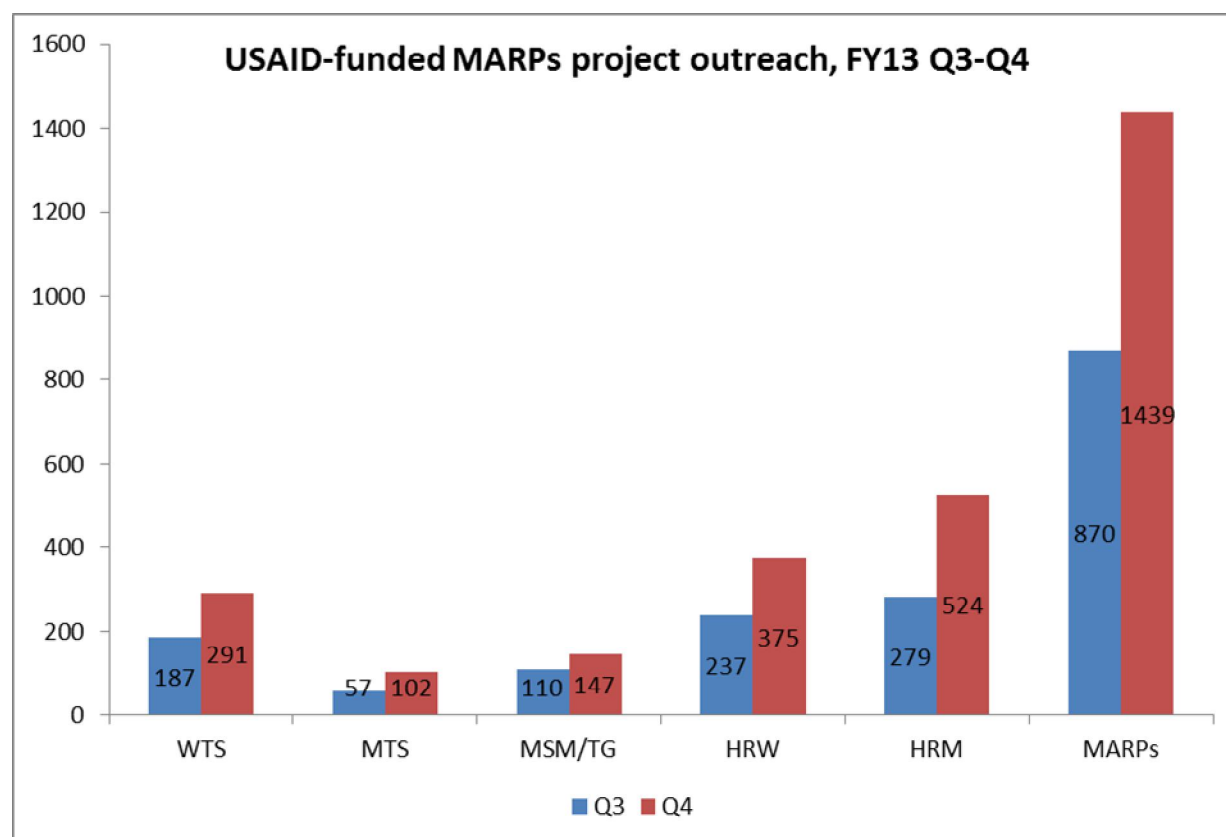
During Q4, FHI 360 trained 5 replacement peer educators (2 MSM and 3 transgender (TG) women) from the Salvation Army to conduct outreach intervention among their peers. The replacement of peer educators was aimed at strengthening the peer-led intervention model by recruiting peer educators who actually belong to the target population. FHI 360 also trained 26 participants (10 male and 10 female peer educators, 4 field support officers (FSOs) and 2 monitoring and evaluation (M&E) officers) from both the Salvation Army and Four Square Church on micro-planning and use of the decision tree tool to identify and categorize MARPs based on their recent sexual history. The micro-planning training

<sup>1</sup> Number of condoms distributed by IAs included condom supplies already on hand and thus exceeds total number of new condoms disbursed by FHI 360 with funding from USAID/PEPFAR.

helped the peer educators to strategically target their interventions based on hotspot locations and peak times, as identified during previously conducted mapping exercises.

Apart from participating in one-on-one and small group contacts with their peers, outreach teams from both NCD IAs participated in a number of community events and nighttime “edutainment” interventions. Salvation Army and Four Square Church held community events focusing on HCT promotion at Ela Beach Park on July 12 and Pari Village on August 27. Outreach teams members, HCT counselors and clinicians from both IAs participated in these events. A combined total of 165 individuals accessed basic health checks and 26 individuals were referred to and received VCT services. On the evening of August 16<sup>th</sup>, the Salvation Army outreach team conducted an “edutainment” intervention in a night club identified through hot spot mapping, which attracted 20 WTS. Peer educators disseminated basic HIV/STI information and conducted condom demonstrations.

Peer outreach teams contacted a total of 1,439 MARPs (291 WTS, 102 men in transactional sex (MTS), 147 MSM/TG persons, 375 high- risk women and 524 high-risk men) during Q4 through one-to-one outreach, representing an increase of 65.4% over the number of MARPs reached in Q3. The largest increases were seen among high-risk men (87.8%) and MTS (78.9%), though increases were seen across all categories (see graph, below). During this reporting period, an additional 3,735 individuals were reached in small group interventions which was 1,010 or 116.6% more than the number reached in Q3.



A public-private partnership meeting was held at the Gateway Hotel in Port Moresby on July 9th, 2013. The meeting was between management of establishments (mainly night clubs and guest houses where



MARPs meet sexual partners) and project partners including IA management, NCD Provincial AIDS Council (PAC), National AIDS Council Secretariat (NACS), FHI 360 and USAID. The aim of this meeting was to discuss the business benefits of collaborating with the MARPs project and to discuss ways forward in planning HIV prevention activities to take place in hot spot establishments.

As an outcome of this meeting, FHI 360 initiated monthly coordination meetings with the managers/owners of 5 establishments (night clubs and guest houses) that attended the workshop and identified as hotspots. These are typically short meetings where the FHI 360 SBC Officer checks on the supply of IEC and condoms and holds discussion on possibility of the establishments hosting edutainment activities. To date, the establishments participating in these regular meetings are Penthouse Club, Armani Club, Illusion Club, Koki Rest Inn and Chilli Peppers Inn.

Three monthly meetings each were held for the MSM/TG and WTS support groups in Q4 with attendance at the MSM/TG meetings averaging 20 and among WTS averaging 27. During the July meetings, monthly activity plans were drawn up for the next six months to address common issues and needs as identified during Q3 discussions. Issues of importance to the respective MARPs groups include general safety and security, knowing their rights, gender-based violence, stigma and discrimination by family members and the general public, the location of MARPs-specific service providers, and education/literacy issues. Beginning in Q4, support group meetings will endeavor to help address these key issues; for example, the WTS support group's September meeting focused on Basic Human Rights, HIV and the Law (legal literacy) with a presentation by the PNG Development Legal Assistance (DLA) organization. At the same time, the MSM/TG support group began sensitization sessions for family members.

FHI 360 produced and distributed to IAs the first batch of outreach and clinic referral cards in Q4. A total of 571 referral cards (190 clinical and 381 outreach) were distributed to partners in NCD and Madang. The FHI 360 technical team trained project staff in the use of referral cards, as a result of which 382 MARPS have been referred by the outreach team including 181 for STI services, 164 for VCT services and 37 for other health services. Of the total MARPs referred 91 were WTS, 39 were MTS, 64 were MSM/TG, 97 were HRW, and 91 were HRM.

Actual uptake of project-supported clinical services includes a combination of clients referred by outreach or other clinical staff and walk-in clients, and service provision was not limited to most at-risk populations. During this reporting period, trained nurses in three clinics<sup>2</sup> provided STI management services (including examination, diagnosis and treatment) for 307 individuals (120 men and 187 women), of whom 168 (54.7%) were MARPs (3 WTS, 2 MTS, 1 MSM/TG, 99 HRW and 63 HRM). This represents a 107% increase in uptake of STI services among MARPs in comparison with Q3.

During this reporting period, 840 individuals (297 men and 543 women) including 10 children under 15 years old were tested for HIV and received their results in the four HCT sites. Of the total tested, 457 (54.5%) were MARPs:

- 58 women in transactional sex, of whom 13.8% were positive
- 3 men in transactional sex, of whom none were positive

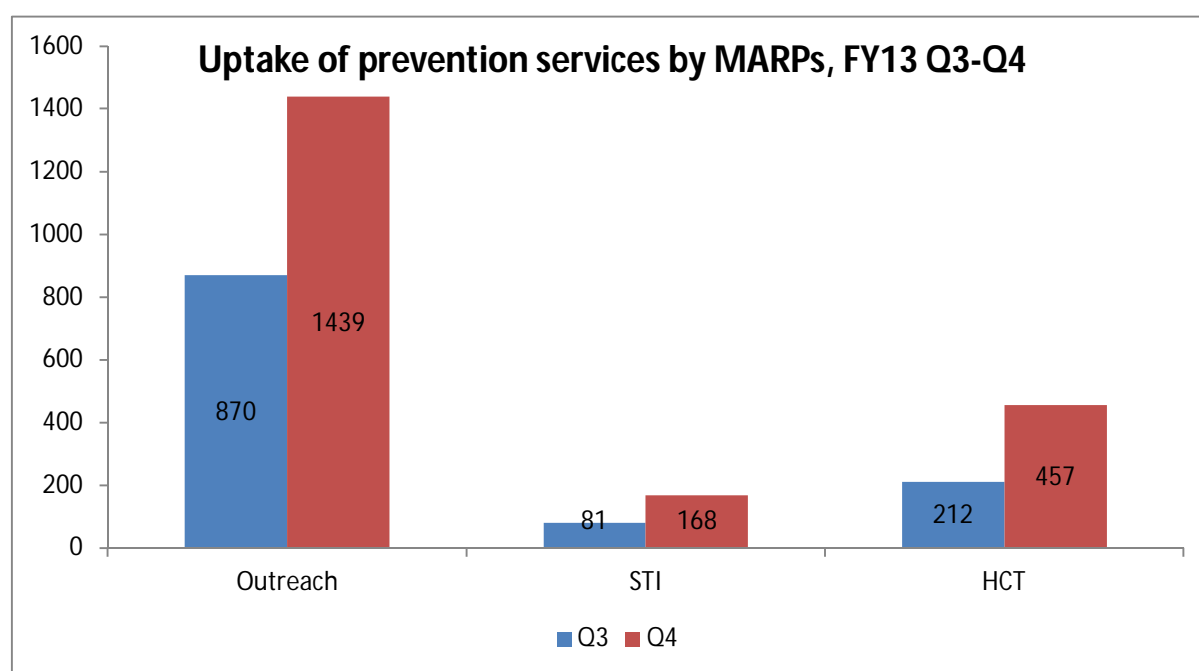
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<sup>2</sup> Id Inad Clinic in Madang and Kila Kila Clinic and Kaugere Clinics in NCD

- 16 men who have sex with men/transgender women, of whom none were positive
- 209 high-risk women, of whom 13.9% were positive
- 171 high-risk men, of whom 5.3% were positive

Q4 saw a 116% increase in HIV testing among MARPs in comparison to Q3. The overall positivity rate for all individuals receiving HCT across four sites was 6.2% (n=52), a figure which includes low-risk individuals. The overall positivity rate among MARPs was 10.1% (n=46) compared to a positivity rate of 1.6% (n=6) among non-specific group.

As can be seen in the graph below, demand for, and subsequent uptake of, all prevention services increased among MARPs from FY13 Q3 to Q4. Uptake is additionally expected to increase when all clinical sites are fully operational. Koki Clinic was the only clinical site that did not provide STI or HCT services in FY13 due to a lack of accreditation. As this clinic has now received accreditation, service provision will begin in FY14. However, it is recognized that additional measures are needed to increase uptake among WTS, MTS and MSM/TG specifically, and to increase the percentage of overall MARPs reached who are successfully referred to services.



Finally, 46 individuals participated in either of two sensitization sessions held in Q4 for the purposes of increasing understanding of and decreasing discrimination toward MARPs: 26 Salvation Army staff at a divisional headquarters training, as well as 20 MSM/TG and their family members who took part in training through a support group meeting.

**OBJECTIVE 2:** To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families

The newly established Koki Clinic, supported by USAID MARPs project, was successfully registered as an urban clinic under NCD Health Services on September 12<sup>th</sup>, 2013. The clinic is situated in Port Moresby South District and will be managed by Salvation Army. This registration brings the number of project health facilities in NCD to three.

During Q4, FHI 360 and the IAs also finalized the processes necessary for accreditation of ART clinics in NCD, and successfully requisitioned the first batch of medical drugs to support project services from the NDoH Area Medical Store. On July 3<sup>rd</sup>, FHI 360 distributed key medical equipment to the Koki, Kaugere and Kilakila clinics in NCD. These included microscopes, blood pressure machines, ophthalmoscopes, Cusco vaginal speculums (all sizes), proctoscopes, stethoscopes, tape measures, sphygmomanometer cuffs and equipment for the safe disposal of medical sharps. Two beds were also delivered, along with machines for the point-of-care provision of CD4 testing for people living with HIV. Finally, FHI 360 distributed HCT and STI log books to all clinics in NCD and Id Inad Clinic in Madang, to ensure accurate tracking and reporting of the provision of clinical services.



*USAID Pacific Islands Director Dennis Wendel presenting Clinical equipment to Dr. Gary Ou'u, Director, NCD Health Services.*

FHI 360 supported a number of trainings in Q4 to ensure high-quality service provision, including supporting one clinician from Four Square Church to attend a two-week training in Goroka for OI/ART prescribers on the integrated management of adult illnesses (IMAI). Another staff from Koki Clinic could not attend the training but will take part in the future trainings conducted by NDoH.

In addition, the FHI 360 Senior Technical Officer (Care Support and Treatment) conducted CoGstraining for 8 health care workers from Four Square and Salvation Army. The three and a half-day training (July 8-10) covered topics including STI strategies, overview of the CoGS, syndromic case management, essential clinical skills, introduction of performance to standard tools) and discussions on job aids for CoGS implementation. Four of participants attended the training as a refresher as they had participated in the first CoGs training.

The FHI 360 Senior Technical Officer also conducted an HIV case management training from August 5-9, with an emphasis on pre-ART and adherence monitoring, for 19 participants (4 men and 15 women) including case management team members from Id Inad Clinic as well as clinicians, HCT counselors and selected PLWHA peer educators and supervisors. FHI 360 arranged for 5 project clinicians to participate in PICT and IMAI training conducted by NDoH staff.

Id Inad Clinic was the only project clinic providing ongoing HIV care and treatment services in Q4 as it was the only project clinic accredited to provide antiretroviral therapy (ART) services. In Q4, Id Inad provided clinical care and support services for 218 HIV-positive individuals (86 men and 132 women) including 19 children under 15 years of age, 97% of whom (84 men, 127 women) were active on ART as of the end of September 2013, including all 19 children under 15. A total of 14 new HIV-positive patients (5 men and 9 women) were enrolled on ART at Id Inad Clinic in Q4.

To ensure MARPs receive quality clinical services at project sites, FHI 360 and IAs in NCD held a quarterly clinical/outreach coordination meeting in Q4 attended by 12 project staff members. The meeting brought together field support officers, M&E officers and clinicians to discuss ways to strengthen the referral mechanism, provide updates on project progress and achievements, identify challenges and barriers in accessing the VCT and clinical services provided and share ideas/expertise and propose ways forward. Among the challenges discussed and addressed include removal of user fees for MARPs while general population are still paying it, changing the peer educators work schedule from morning (08:00-12:00) to afternoon (11:00-15:00), and purchasing wireless telephones for communication.

In Q4, FHI 360 staff members participated in the National Strategic Information (SI) and Care Support & Treatment Technical Working Group (TWG) meetings. William Yeka, FHI 360's Senior Technical Officer - M&E, participated actively as a member of the core working group established by NACS to oversee the implementation of the planned MARPs size estimation exercise. From September 10-17, William participated in national consultations in Port Moresby as well as in Goroka, Eastern Highlands Province to inform implementation of integrated biological and behavioral surveys (IBBS) among WTS and MSM in Papua New Guinea. The PNG Institute of Medical Research (PNGIMR) will conduct the IBBS with technical assistance (TA) from the United States Center for Disease Control (US CDC).

**OBJECTIVE 3: To increase use of facility- and community-based gender and gender-based violence (GBV) interventions**

The GBV component of the MARPs project gained momentum in Q4 of FY13. 4 provincial radio stations<sup>3</sup> aired GBV programs as a result of training of radio journalists conducted during the previous quarter. In addition, in September and following a series of preparatory meetings with FHI 360, FSVAC conducted radio talkback shows at two radio stations on the topic “Why psychosocial support is important for survivors of sexual violence.” On September 19<sup>th</sup>, NBC broadcast a talkback show with panellists from NDoH and MSF, and on the 20<sup>th</sup>, YUMI FM held a talkback show with FSVAC and FHI 360 as panellists.

Outreach teams in NCD and Madang distributed SBC materials on GBV during community events, including materials produced by FSVAC such as a “No Violence Against Women” pamphlet and a Post-Exposure Prophylaxis (PEP) poster developed by FHI 360.

From July 15-19, FHI 360 facilitated a GBV case management training in Port Moresby for 15 clinicians and counselors (9 women and 6 men) titled ‘MARPS Case Management of Sexual Violence Survivors.’ Facilitators asked participants at the close of the training to draw up action plans for the next three and six months.

FSVAC did not organize any meetings of the Gender TWG in Q4; however, during a meeting between FHI 360, FSVAC and IAs in NCD, the topic of the safe house guidelines was discussed. This has resulted in planning for a two-day workshop, to be conducted by FSVAC, that will include all agencies currently supporting safe houses to discuss ideas on the development of national safe house guidelines. An initial meeting was held on Friday August 16<sup>th</sup> at FSVAC, at which workshop dates and participants were confirmed.

There were 3 survivors of GBV accessing trauma counseling at the VCT Center and 2 were referred to House of Hope. Services accessed at the center included feeding (3 meals a day), shelter and clothing.

#### **OBJECTIVE 4: To strengthen health systems for HIV/AIDS service delivery**

In Q4, FHI 360 Senior Technical Officer (M&E) William Yeka conducted a one-day data analysis workshop focusing on analysis and review of program monitoring data for 9 staff (4 men and 5 women) including 2 staff from Id Inad Clinic, 5 staff from PLWHA, 1 staff from Madang PAC and 1 from FHI 360, Madang Office. Staff members were shown how to interpret and present program data in three different formats (tables, graphs and narrative). Participants were assisted to review and provide explanations for their progress over the past quarter.

On July 17<sup>th</sup>, FHI 360 and USAID conducted a joint data quality assessment (DQA) exercise in health facilities in NCD focusing on PEPFAR Indicator “Number of individuals who received counseling and testing services for HIV and received their results.” On August 27<sup>th</sup>, FHI 360 conducted an additional,

<sup>3</sup> Radio Western, Radio East Sepik, Radio Sandaun and the National Broadcasting Commission (NBC) in NCD



internal DQA at PLWHA and Id Inad Clinic in Madang, focusing on outreach and HCT data for the last three months. Findings from both DQAs revealed that data from the clinics in NCD and Madang were of good quality, whereas quality of outreach data in Madang needed strengthening.

During the August trip to Madang, the FHI 360 Senior technical Officer– M&E provided mentorship and technical support to the PLWHA M&E Officer to ensure proper filing of all daily dairies following findings from DQA. M&E Officer was instructed to check the Field Support Officer's records before submitting the monthly report.

FHI 360 Senior Technical Officer -CST Dr Anup Gurung also assisted the data entry clerks in Id Inad clinic to start entering all OI/ART data in an Excel database that he had installed in their computer during his site visit in August.

The FHI 360 team also provided mentoring in all three clinics and to all outreach teams on the use of M&E tools including referral cards, case sheets, peer daily diaries and weekly summaries by supervisors. On August 1<sup>st</sup>, FHI 360 met with the new Salvation Army M&E Officer for Salvation Army and orientated him on M&E procedures and tools and took him through the M&E plan in a two-hour session.

The sub-agreement between FHI 360 and the Madang Provincial Health Office was finalized in September 2013 which will pave the way for strengthening linkages and referrals between different service providers. In Q4, FHI 360 invited the M&E Officer of Madang Provincial AIDS Committee and the Provincial Health Information Officer to be part of the DQA conducted on August 27<sup>th</sup> at PLWHA and Id Inad Clinic; however, both officers did not attend due to a conflict with their own schedules. The M&E Officer for PAC attended the data analysis and review workshop on August 28<sup>th</sup>.

Additionally in Q4, the FHI 360 technical team refined the Excel data management and reporting procedures developed in Q2 and Q3, resulting in an improvement in the data quality being reported.. The FHI 360 SI team also developed and installed an Excel database in Id Inad Clinic for entry of all OI/ART data. Data entry clerks have commended the database, which will be installed in the Koki and Kilakila clinics once those facilities are accredited for ART. FHI 360 is looking into the use of different data management software as Excel is not the recommended software to follow a cohort of HIV positive individuals on treatment for long duration.

Finally, FHI 360 provided mentoring to establish a pilot Early Warning System for ARV drug stock outs at the Id Inad Clinic in Madang. Two more stock takings for drugs are needed before the system can be firmed up and rolled out to other facilities, including new ART sites in NCD.

## SUMMARY TABLE

The table below summarizes achievements by IR during the reporting period. Activities listed are based on those outlined in the revised FY13 work plan; a separate table is included listing start-up activities undertaken during this period:

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families			
Activity 1.1.3 Adapt and develop new innovative and MARP-appropriate SBCC materials		N/A	On-going: completed adaptation and development of new SBC materials and currently in printing stage.
Activity 1.1.4 Distribute the cola and female condom	Number of condoms distributed  (non-PEPFAR)	276,906	On-going: 23,000 cola scented and female condoms were distributed by FHI 360 to IAs.  118,794 condoms (110,393 cola scented male condoms and 8,401 female condoms) were distributed by IAs to beneficiaries.

<sup>4</sup> Indicators listed in this column link to indicators presented in the project's performance management plan (PMP).

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
<p>Activity 1.1.5</p> <p>Explore creative methods for delivering messages to MARPs</p>		N/A	Accomplished: The methods for messaging are identified as part of the SBCC Strategy.
<p>Activity 1.2.2 Work closely with implementing partners to develop an outreach retention plan</p>		1 outreach retention plan developed	<p>.</p> <p>The focus of the first year was to ensure that peer educators are recruited and trained. The retention plan will be linked with performance management plan and will be rolled out in the second quarter of FY 14</p>



Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
<p>Activity 1.2.3</p> <p>Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.</p>	<p>Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required (PEPFAR – P8.3.D)</p>	<p>3,000</p>	<p>Ongoing: FSOs and outreach team from three IAs were mentored on peer education.</p> <p>On-going: 1,439 MARPs (291 WTS, 102 MTS, 147 MSM/transgender men (TG), 375 high-risk women and 524 high-risk men) were reached with individual sessions</p> <p>3,735 MARPs were reached through group sessions.</p>
<p>Activity 1.2.5</p> <p>Develop and implement a system to track follow-up through home visits, group and community activities and one-to-one discussions</p>		<p>N/A</p>	<p>Individual tracking system was introduced in Q3 in NCD and continued in Q4. Unique ID will be introduced in Madang in FY14.</p>

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 1.2.6 Organize public-private partnership meetings		N/A	Accomplished in Q4. Meetings with individual night clubs, guest houses and small bottle shops where MARPs frequently visit is happening on regular basis (refer activity 1.3.1.)
Activity 1.2.7 Conduct formative assessments and generate community buy in to strengthen the Peer Support Resource Centre (PSRC)		N/A	PLWHA has already carried out internal assessment of the PSRC and suggested change of locations for the office and PSRC. This action will be followed in second quarter of FY 14.
Activity 1.2.8 Establish support groups for MARPs linked to PSRCs, Meri Seif places, House of Hope and program-funded clinics		N/A	Ongoing: MSM/TG and WTS support group meetings continued.
Activity 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders		N/A	Ongoing: Monthly meetings were held with managers of 5 establishments.

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 1.3.2 Provide regular updates to the Family and Sexual Violence Action Committee (FSVAC)		N/A	On-going: held meetings with FSVAC
Activity 1.3.3 Review, modify, and create tools to facilitate linkages		50	Accomplished: Printed outreach and health facility referral cards and distributed to IAs in NCD and Madang.
Activity 1.4.1 Conduct targeted stigma and discrimination sensitization	Number of sensitization sessions held on S&D  Number of individuals sensitized on S&D	5  100	On-going: 46 individuals were sensitized in 2 separate sessions
Activity 1.4.3 Replicate lessons and best practices at other program implementation sites		N/A	Ongoing: Lessons and best practices have been incorporated into the SBCC strategy and implemented.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 2.1.1 Expand to new clinical sites		3 clinical sites	On-going: Three new sites in NCD continued to offer HIV counseling and testing services with two sites also offering STI services. A third clinic to offer comprehensive services for MARPs has been registered under NCD Health.
Activity 2.1.2 Provide intensive in-service training, supportive supervision, and mentorship to Program clinical sites	Number of project staff trained in service delivery	100	46 individuals trained, including 8 clinical staff trained in CoGs; 19 trained in HIV case management; 15 for GBV case management; 2 counselors attended PICT training; 2 staff attended IMAI training.
Activity 2.1.4 Explore means to break down barriers between community-based outreach programs and clinic-based service delivery		N/A	On-going: Clinical coordination meeting held in NCD for Salvation Army.
Activity 2.2.2 Provide a suite of specialized training		N/A	Refer to summary reported under Activity 2.1.2
Activity 2.2.3 Ensure regular meetings and communication		N/A	On-going: Meetings with all IA continued in Q4.

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 2.2.4 Provide TA to the GoPNG.		N/A	On-going: Participated in SI & CST TWG & RAC meetings.
Activity 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs		N/A	On-going: CMT recruited and deployed in Id Inad Clinic, Madang; none in NCD due to delay in accreditation of ART sites.
Activity 2.3.2 Provide in-service training to case management team members		N/A	On-going: CMT in Madang were trained.
Activity 2.3.3 Strengthen referrals for PLHIV and their families		N/A	On-going: CMT in Madang supported to refer PLHIV to other services.
Activity 2.4.1 Conduct regular meetings of the CoPCT-CC		N/A	Initiated HIV/TB technical working group in Madang. CoPCT-CC will be established in FY14.
Activity 2.5.1 Work closely with partners		N/A	On-going: Worked closely with partners to start services for MARPS in NCD and Madang.

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 2.5.2 Explore and establish relationships and linkages between the CoPCT Program and private sector		N/A	Accomplished: One-day workshop organized for MARPs. PNG project partners in NCD met with stakeholders including private sector representatives.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
Activity 3.1.1 Develop a GBV prevention campaign to expand GBV integration into CoPCT activities		N/A	Not accomplished due to delay in clinical component of comprehensive GBV services.
Activity 3.1.2 Conduct Media Advocacy		N/A	Ongoing: radio talk back shows held on two radio stations; 4 radio stations aired GBV program.
Activity 3.1.4 Prepare for an annual GBV symposium		N/A	Ongoing; no symposium was held in Q4.

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 3.1.5 Raise awareness of gender issues through training of partner staff, service providers, and community leaders		N/A	15 health care workers were trained in GBV case management in NCD. More training will be conducted in FY14.
Activity 3.1.6 Support health care and outreach teams to handle GBV cases		N/A	Training conducted as stated above in 3.1.5.
Activity 3.1.8 Collaborate with law enforcement		N/A	On-going: Engagement of PNG DLA who provided legal advice.
Activity 3.1.9 Plan for an SMS GBV prevention and support Helpline		N/A	Not Initiated due to overall delay in GBV comprehensive services.
Activity 3.2.2 Train OWs		30 OWs	Training of peer educator will begin in FY14 once clinical services and safe houses are established.

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 3.3.1 Promote a comprehensive package of services		N/A	Not initiated: Training for GBV case management has begun; other trainings will be conducted in FY14 for this activity.
Activity 1.4.2 Continue to participate actively on national gender TWGs		N/A	On-going: There was no GBV TWG meeting in Q4.
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	On-going: There was no meeting on policy in Q4.
Activity 3.3.3 Identify community safe houses		N/A	Achieved: Two safe houses have been identified in NCD
Activity 3.3.4 Establish survivor support groups		N/A	Will be established once comprehensive GBV services are offered.
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			



Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 2.2.1 Develop a training strategy and implementation plan with IA staff members		1 plan developed	Accomplished in Q3;
Activity 4.1.1 Provide strategic and intensive on-the-job TA and M&E to partner staff and stakeholders on routine program monitoring, data management, analysis, and use	Number of health care workers who successfully completed an in-service training	N/A	On-going: 9 individuals trained to analyze and present data; TA on M&E was provided to IAs in NCD and Madang.
Activity 4.1.2 Strengthen ProMEST		N/A	Not initiated: Delayed due to late signing of sub-agreement with Madang PHO.
Activity 4.1.3 Introduce an electronic data entry, management, and reporting system	Number of people trained in data collection, reporting and use at provincial and national level	N/A	On-going: Excel data entry of OI/ART installed in Madang; existing formats refined.

Planned activities	Indicators <sup>4</sup>	Yearly target	Achievement during reporting period
Activity 4.1.4 Strengthen quality assurance (QA)/quality improvement (QI) mechanisms		N/A	QA/QI will be implemented in FY14
Activity 4.1.5 Conduct Data Quality Audit (DQA)		2	DQA conducted in NCD and Madang
Activity 4.1.6 Monitor implementation of Clinical Operating Guidelines (COGs)		N/A	On-going: Clinicians were trained on COGs. Monitoring of implementation will begin in FY14.
Activity 4.2.1 Operationalize an “early warning system”		N/A	On-going: Assessment and design of an early warning system initiated.
Activity 4.2.2 Collaborate with the NDoH, CHAI, and AusAID and other partners to fill in gaps in the national supply chain		N/A	FHI 360 will share its initiatives after trailing the drug registration, use and forecasting system in Madang.

The table below lists only the activities focused on start-up which were meant to be implemented in Q1 but were carried over into Q4 due to slow startup of project in Q1.

Planned activities	Yearly target	Achievement during reporting period
Program Management and Development		
Conduct pre-award assessments and issue sub agreements to implementing partners	7 pre-award assessments and sub agreements	5 <sup>th</sup> sub-agreement with Madang PHO was signed in September, 2013.
Provide project management and financial management support to partners (set up effective systems for donor compliance and quality, develop annual work plan and budgets, etc.)	N/A	On-going: One-to-one support was provided to partners by FHI 360 finance, administration and program team.
Conduct weekly meeting/teleconference with USAID AOR and Chief of Party	48 weeks (base on the total number of working weeks in the year)	On-going: teleconferences have been carried out with AOR and meetings held with USAID when in-country.
Submit quarterly progress reports to USAID	4 reports	On-going: Q3 report approved by USAID following revision.
Submit SF425 to USAID		On-going: To be submitted to USAID by FHI 360

## CORRELATION TO PMP

Below our table summarizes the PMP indicators and achievements towards FY13 targets in quarter 4 (Q4) .

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
IR1.1 Improve knowledge attitudes and practices					
1. PEPFAR output (P8.3.D)	Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required	3,000 individuals	1,439 individuals  (including 291 WTS, 102 MTS, 147 MSM/TG, 375 HRW and 524 HRM) reached through individual interactions	PE and OV daily dairies:  - Weekly from PEs and OVs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Quarterly target exceeded due to high number of other high risk men and women being reached.
2. Program Outcome (linked to PEPFAR P8.8.N)	Percentage of MARPs knowledgeable of HIV transmission methods	52% among MSM and WTS in NCD; 40% among MSM and WTS in Madang	Yet to be determined.	Report from FHI 360:	BSS will be in FY15,
IR 1.2 Improved health seeking behavior					

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
3. PEPFAR Output (P11.1.D)	Number of individuals who received counseling and testing services for HIV and received their test results	300 individuals  (100 WTS, 50 MSM, 150 other high risk)	840 individuals (297 males and 543 females) including 457 MARPS (58 WTS, 3 MTS, 16 MSM/TG, 380 other high risk population)	Daily Client register  - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Q4 data exceeds annual target for MARPs due to more high risk men and women tested.
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	500 individuals  (200 WTS, 50 MSM, 250 other vulnerable populations)	307 individuals (120 males and 187 females) accessed STI management services including 168 MARPS.	Client Records/Client Registries:  - Monthly from HCT counselors to IA - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Overall 90% of target reached with 49% of target being MARPs
5. Program Output	Number of individuals sensitized on S&D	80 individuals  (30 peer educators, 30 clinicians, 20 project staff)	46 more individuals in Q4	Training reports:  - Monthly from IA & FHI 360; - Quarterly from FHI 360	Exceeded target for FY13.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
6. Program Output	Number of condoms distributed	276,906 condoms	118,794 condoms (110,393 colored male condoms and 8401 female condoms) distributed to MARPs by IAs	Daily OV/PE Dairies: - Monthly from IA & FHI 360; - Quarterly from FHI 360	70% of annual target reached with Q4 achievement contributing 49% of annual target.
Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs					
IR 2.1 Quality of HIV/AIDS services improved					
7. PEPFAR Output ( T1.2.D)	Number of adults and children with advanced HIV infection currently active on ART	150 clients	211 HIV positive individuals (84 males and 127 females) including 20 children were active on ART	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	ART services were not initiated in NCD due to delay in accreditation of Clinics however data is from Id Inad Clinic in Madang.
8. Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	0 HIV positive individuals	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	ART services were not initiated in NCD due to delay in accreditation

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
9. PEPFAR Outcome (T1.3.D)	Percentage of adults and children known to be alive and on treatment 12 months after commencement of ART	78% overall rate	Not measured.	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Not able to calculate for Id Inad Clinic as data entry was incomplete; FHI 360 only provides TA.
IR 2.2 Coverage of HIV/AIDS services improved					
10. PEPFAR Output (P7.1.D)	Number of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions	60	PwP implemented in Madang by not measured.	- Monthly from IA & FHI 360; - Quarterly from FHI 360	Awaiting commencement of ART services in NCD; CMT in Madang were trained but reporting tool needs to capture this indicator.
11. PEPFAR Output (C1.1.D)	Number of eligible adults and children provided with a minimum of one care service	300 clients	218 clients (86 males and 132 males including 19 children	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Services only provided in Id Inad Clinic as NCD clinics await commencement of ART services.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
12. PEPFAR Output (C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	150 clients	218 clients (86 males and 132 males including 19 children	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Services only provided in Id Inad Clinic as NCD clinics commencement of ART services was delayed by NDoH.
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving cotrimoxazole prophylaxis.	60	38 clients (19 males and 19 females including 4 children)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Services only provided in Id Inad Clinic as NCD clinics commencement of ART services was delayed by NDoH
14. PEPFAR Outcome (C2.4.D)	TB/HIV: Percent of HIV positive persons who were screened for TB in HIV care and treatment settings	60%	28 clients screened for TB (13.7% of clients being cared for this quarter)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Indicator C2.1.D was taken as denominator however clients screened for TB prior to May 2013 were also cared for at Id Inad clinic.



	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
15. PEPFAR Output (T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART	60 clients	14 new Clients (5 males and 9 females ) initiated on ARV in Id Inad Clinic	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Data only from Id Inad Clinic for Q4. NCD clinics awaiting commencement of ART services.
IR 2.3 Local capacity of service delivery enhanced					
16. Program Output	Number of trainings provided for building the organizational capacity of local organizations	5 trainings	3 trainings (1 for COGs, 1 for GBV case management and 1 for HIV case management)	Training Reports	Training target exceeded.
17. Program Output	Number of project staff trained in service delivery	100 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff)	46 individuals trained in various areas as stated under Indicator 16 above	Training Reports/Trip reports/Monthly updates	Overall target exceeded for this indicator.
Objective 3. To increase the use facility and community-based gender and gender-based violence interventions					

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
18. PEPFAR Output (Gender)	Number of people reached by a USG-funded interventions providing GBV services	150	3 women received trauma counseling at Ela Beach House of Hope.	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID	Delay in accreditation of OI/ART services affected training and commencement of other GBV services in NCD.
19. Program Output	Number of referrals from HIV-related interventions to GBV services	50	3 survivors were referred to GBV services in Ela Beach House of Hope	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID	Delay in accreditation of ART Clinic in NCD

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	100	Comprehensive GBV services not provided in Q4	Clinical daily registers; IA monthly summary forms: - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	No GBV-related services apart from trauma counseling were provided in Q4.
21. Program Output	Number of clinical providers trained in GBV case management	15	15 participants (6 males and 9 females) were trained.	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Target achieved.
22. Program Output	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	Not yet trained due to delay in initiation of GBV services	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Training for trauma counseling conducted and outreach team will be trained next in FY14.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
23. Program Outcome	Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic and political opportunities	TBD	Not measured.	Trends module on GBV applied by PEs, OVs, and OWs:  Bi-annual (twice per year)	GBV Trends was not conducted in Q4 and will never be conducted; BSS will be conducted instead in FY15.
24. Program Outcome	Percentage of target population that reports knowing where to seek help if they suffer from physical or sexual abuse.	TBD	Not measured.	Trends module on GBV applied by PEs, OVs, and OWs:  Bi-annual (twice per year)	GBV Trends was not conducted in Q4 and will never be conducted; BSS will be conducted instead in FY15.
Objective 4. To strengthen health systems for HIV/AIDS service delivery					
	IR 4.1 Monitoring and evaluation improved				
25. PEPFAR Output (H2.3.D)	Number of health care workers who successfully completed an in-service training program	35	46 individuals as reported in indicator 17 above.	FHI 360 training log:  - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Target exceeded.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
26. PEPFAR Output (H1.1.D)	Number of people trained in data collection, reporting and use at provincial and national level	TBD	9 individuals in Madang were trained in data analysis and presentation	FHI 360 training log:  - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	MARPS project staffs were trained.
27. PEPFAR outcome (H1.2.D)	Percentage of testing facilities (laboratories) that are accredited according to national or international standards tests	2	2 clinical laboratories have been established.	Narrative reports:  - Program (FHI 360) records - Quarterly from FHI 360 to USAID	Initial target was revised to 2.
28. PEPFAR Outcome (H6.1.D)	Monitoring policy reform and development of PEPFAR supported activities	1	No monitoring of policy reform done during this period.	Narrative reports:  - Program (FHI 360) records - Quarterly from FHI 360 to USAID	
	IR 4.2 Supply chain management improved				

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
29. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months	4	3 facilities reported no stockout; fourth facility yet to begin services.	Monthly program updates	STI services have been provided by 3 facilities in Q4.
30. Program Output	Number of health care workers and service managers trained in medicines inventory management	10	No supply chain management activities done during this period.	FHI 360 Training Log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	HCT and STI services have only just commenced in Q2.
31. Program Output	Number of facilities using computerized reporting for drug supply management	TBD	No supply chain management activities done during this period.	FHI 360 drug supply management log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	HCT and STI services have only just commenced in Q2.

## RESULT-BY-RESULT ANALYSIS

### Project start-up: program management and development

#### **Activity 1: Conduct pre-award assessment and issuing of Sub Agreements**

Sub-agreement for Madang Provincial Health Office was signed in September 2013, bringing to five the number of IAs that signed sub-agreements for the MARPs PNG project. Sub-agreement with Modilon General Hospital will be signed next quarter.

#### **Activity 6: Provide project management and financial management supports to partners (set up of office systems for donor compliance, develop annual work plans and budget)**

FHI 360 program and technical staff assisted implementing partners in completing budgeting and annual work plans for FY14.

#### **Activity 8: Conduct meetings/teleconferences with USAID AOR, Activity Manager and Chief of Party**

FHI 360 Chief of Party held regular meetings/teleconference with USAID AOR and Activity Manager.

#### **Activity 11: Submit quarterly progress reports to USAID/Philippines**

This report is the final of four quarterly reports that are to be submitted to USAID/Philippines in FY13. Quarterly report for Q3 has been finalized and approved by USAID in Q4.

#### **Activity 12: Submit SF425 to USAID**

SF425 will be submitted directly from FHI 360 Head Quarters.

### **OBJECTIVE 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families**

#### **ACTIVITY 1.1.3: Adapt and develop new innovative and MARP-appropriate SBCC materials**

FHI 360 PNG finalized several MARPs-focused strategic behaviour communication (SBC) tools which are now in printing, including:

- sexual health cards in English and Pidgin for both men who have sex with men (MSM) and women in transactional sex (WTS),
- a booklet in Pidgin and Motu on what to expect when you go for a sexually transmitted infections (STI) check-up, and
- HIV risk assessment cards to help behavior change clients understand HIV transmission, explain why some behaviors are riskier than others, and identify ways to reduce risk.

In Q4 FHI 360 distributed a total of 3,231 SBCC materials to implementing partners as well as directly to establishments. Some of the materials were also supplied by FHI 360 to partners to distribute to communities during special events such as the Madang Cultural day in September, and the community events conducted in Ela Beach Park and Pari Village by Salvation Army and Four Square Church teams respectively. Outreach teams distributed SBCC materials developed by NACS for HIV and STI prevention (1180) and GBV materials supplied by FSVAC for GBV prevention (550). Others were materials developed by FHI 360 such as the PEP poster (38), coasters with condom message (530), risk assessment cards (700), self-care cards, booklets and posters (218) as well as orange T-shirts with condom messaging (15).

#### **ACTIVITY 1.1.4: Distribution of the cola and female condoms**

In addition to SBC materials, FHI 360 also continued to provide condoms and lubricants both for direct distribution to MARPs during individual and group outreach sessions and indirectly through condom outlets in hot spot areas. FHI 360 distributed 63,000 condoms to IAs in NCD and Madang (60,000 cola-scented male condoms and 3,000 female condoms) along with 37,000 lubricant packets. This number included 12,000 male condoms, 3,000 female condoms, and 10,000 packets of lubricant that were distributed directly to five hot spot establishments in NCD.

During Q4, three IAs (Four Square Church, Salvation Army and People Living with Higher Aims (PLWHA)) distributed 118,794 condoms (110,393 unbranded male condoms and 8,401 female condoms) to MARPs through individual and small-group outreach. This was 76.6% more condoms than were distributed in Q3. During this reporting period, these three IAs also distributed a total of 102,587 lubricant packets. IAs distributed more condoms than that distributed by FHI 360 from stocks held from previous quarters.

#### **ACTIVITY 1.1.5 Explore creative methods for delivering messages to MARPs**

This activity was accomplished in Q2 when the SBCC Strategy for MARPs was developed.

#### **ACTIVITY 1.2.2: Work closely with implementing partners to develop an outreach retention plan**

This activity was not achieved in FY13 because the FHI 360 program team placed more emphasis on training and equipping the outreach team members with necessary skills to conduct effective outreach interventions. The intention was to produce outreach workers who are confident and capable of conducting intervention before planning to retain them. A retention plan will be put in place in FY14.



### Activity 1.2.3: Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.

Five peer educators from Salvation Army and 10 peer educators from Sirus Naraq Foundation were trained in basic HIV/AIDS peer education by FHI 360. (Sirus Naraq Foundation is an implementing partner of FHI 360 implementing MARPS intervention in another part of NCD with funding from Australian AID). The five peer educators were recruited by Salvation Army to replace the outreach workers initially employed from the general population. These five peer educators included 2 MSM and 3 TG persons. The replacement of peer educators was aimed at strengthening the peer-led intervention model by recruiting peer educators who actually belong to the target population.

FHI 360 also trained 26 participants (10 male and 10 female peer educators, 4 field support officers (FSOs) and 2 monitoring and evaluation (M&E) officers) from both Salvation Army and Four Square Church on micro-planning and use of the decision tree tool to identify and categorize MARPs based on their recent sexual history. The micro-planning training helped the peer educators to strategically target their interventions based on hotspot locations and peak times, as identified during previously conducted mapping exercises.

Peer educators supported by FHI 360 and local partners conducted regular, hot spot-based outreach to reach MARPs. FHI 360 also assisted IAs in NCD to conduct two community events for the purposes of creating awareness of the services provided by the project and promoting VCT. The first community event was held on July 12th at the Ela Beach recreational area adjacent to the Ela Beach VCT center operated by Salvation Army. The second event was held on the August 27th at Pari Village, which is one of the hotspots within the catchment area of the Kilakila Clinic operated by Four Square Church. During both events, a general health check-up was conducted to attract clients, including MARPs, some of whom chose to receive VCT service. Apart from the health check-up, which included a dental check and blood sugar test, each participant completed an HIV self-risk assessment and where appropriate, received a referral for VCT. Additional activities conducted during the events included edutainment, distribution of SBCC materials, and condom promotion by outreach team members. 126 individuals accessed health services at Ela Beach with 18 referred for VCT, while 39 individuals went through health checks at Pari Village with 8 referred for VCT service. The turnout could have been better had more awareness been conducted prior to the events.

A number of outreach interventions focusing on hotspots were aimed at reaching establishment based WTS in Q4. On August 16th, Salvation Army outreach workers conducted an intervention at a night club popular with MARPs – the event attracted 20 WTS who met with the peer educators. The intervention was hailed as a success following permission given by the club manager for the intervention to be conducted from 15:00-16:00. The club manager was present to witness the intervention and full participation of all the peer educators. The evening intervention included dissemination of HIV/STI information, and condom demonstrations.

Throughout these activities, the FHI 360 program and technical teams conducted frequent site visits to provide mentoring and technical support to outreach team members, particularly during the community events and edutainment sessions.

A team of 30 peer educators (20 from NCD and 10 from Madang) contacted 1,439 MARPs (291 WTS, 102 men in transactional sex (MTS), 147 MSM/TG women, 375 high- risk women and 524 high-risk men)

during Q4 through one-to-one outreach, representing an increase of 65.4% over the number of MARPs reached in Q3. The largest increases were seen among high-risk men (87.8%) and MTS (78.9%), though increases were seen across all categories. The majority of MARPs (714) were reached by the team from PLWHA who worked with MARPs in the previous USAID RDMA-funded HIV project while Salvation Army and Four Square teams reached 370 and 355 MARPs respectively in Q4.

During this reporting period, an additional 3,735 individuals were reached in small group interventions. This was 1,010 or 116.6% more than the number reached in Q3 indicating that peer educators may have more confidence in reaching their peers.

#### **ACTIVITY 1.2.5 Develop and implement a system to track follow-up through home visits, group and community activities and one-to-one discussions**

FHI 360 provided technical assistance to IAs in NCD to implement the individual tracking system; however, outreach teams as well as clinicians needed more mentoring to be able to fully understand and maintain the system. The tracking system will be strengthened and consolidated in NCD and rolled out to partners in Madang in FY14.

#### **ACTIVITY 1.2.6 Organize private public partnership meetings**

A public-private partnership meeting was held at the Gateway Hotel in Port Moresby on July 9th, 2013. The meeting was between management of establishments (mainly night clubs and guest houses) where MARPs meet sexual partners and project partners including IA management, NCD Provincial AIDS Council (PAC), National AIDS Council Secretariat (NACS), FHI 360 and USAID. The aim of this meeting was to discuss the business benefits of collaborating with the MARPs project and to discuss ways forward in planning HIV prevention activities to take place in hot spot establishments.

#### **ACTIVITY 1.2.7 Conduct formative assessments and generate community buy in to strengthen the PSRC.**

This activity was not implemented due to staff being overcommitted with other activities. The formative assessment will be rescheduled for FY14, and specific staff will be assigned to ensure activities are implemented as planned.

#### **ACTIVITY 1.2.8 Establish support groups for MARPS linked to PSRCs, Meri Seif places, House of Hope and program funded clinics**

Both the MSM/TG and WTS groups held all three planned monthly support group meetings in Q4, with average attendances of 20 and 27, respectively. The FHI 360 program team in partnership with IA staff in NCD conducted the first MSM/TG and WTS support group meetings for Q4 on July 1<sup>st</sup> and 2<sup>nd</sup>, respectively. A total of 31 WTS and 20 MSM/TG peer educators and their peers participated in their respective meetings with the agendas for both meetings being to draw up their respective monthly activity plans to address the common issues identified in Q3. A wide range of issues affecting the respective MARPs groups were identified including their general safety and security, knowing their

rights, gender based violence, stigma and discrimination by family members and general public, knowing where services targeted for them are and the fact that most of them are illiterate or have limited education. The outcome of both meetings was successful as both support groups compiled a well-defined activity plan for the next six months. The second support group meetings for WTS and MSM in Q4 was held on August 5<sup>th</sup> and 6<sup>th</sup>, respectively. These meetings were aimed at helping peer educators and their peers to understand and minimize discrimination within families and communities. The third monthly support group meetings for WTS and MSM/TG were conducted on September 2<sup>nd</sup> and 3<sup>rd</sup>, respectively. Discussion topics were on Basic Human Rights, HIV and the Law, conducted by the PNG DLA for 24 participants in the WTS group, and sensitization of friends and family, conducted by Four Square Church FSO Kila Williams for 20 participants in the MSM/TG group. PLWHA also conducted similar support group meetings in Madang.

### **ACTIVITY 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders**

FHI 360 initiated monthly coordination meetings with 5 establishment managers/owners in Q4. These were usually short meetings where the FHI 360 SBC Officer checked on the supply of IEC and condoms and held on-going discussions on the possibility of the venues hosting edutainment activities.

### **ACTIVITY 1.3.2 provide regular updates to FSVAC**

FHI 360 and staff from Four Square Churches Meri Seif Haus and Salvation Army's House of Hope held update meetings with FSVAC. These meeting resulted in discussions about the need to develop SOPs for safe houses. FSVAC decided to take the lead in organizing a workshop for development of SOPs which will be held in FY14.

### **ACTIVITY 1.3.3 Review, modify and create tools to facilitate linkages**

FHI 360 produced and distributed to IAs the first batch of outreach and clinic referral cards in Q4. A total of 571 referral cards (190 clinic and 381 outreach) were distributed to partners in NCD and Madang. The FHI 360 technical team trained project staff in the use of referral cards, as a result of which 382 MARPS have been referred by the outreach team including 181 for STI services, 164 for VCT services and 37 for other services. Of the total MARPs referred 91 were WTS, 39 were MTS, 64 were MSM/TG, 97 were HRW, and 91 were HRM.

Three project clinics provided STI management services in Q4: Id Inad Clinic in Madang and Kilakila and Kaugere clinics in NCD. Overall, a total of 307 individuals (120 men and 187 women) received STI diagnosis/screening and treatment services during the final three months of FY13, which was 162 or 111.7% more than Q3. Of the total number of clients served, 168 (54.7%) were MARPs, including 3 WTS, 2 MTS, 1 MSM/TG, 99 high-risk women and 63 high-risk men. The remaining 139 clients (85 women and 54 men) were categorized as low risk based on the decision tree tool. These could be individuals who

were regarded as low risk because of their recent sexual behavior but who may have practiced risky sexual behavior in the recent past, or even men and women who were referred by their sexual partners.

In Q4 of FY13, a total of 840 individuals (297 men and 543 women), including 10 children under 15 years old were tested for HIV and received their results in the four HCT sites. Of the total tested, 457 or 54.5% were MARPs:

- 58 women in transactional sex, of whom 13.8% were positive
- 3 men in transactional sex, of whom none were positive
- 16 men who have sex with men/transgender women, of whom none were positive
- 209 high-risk women, of whom 13.9% were positive
- 171 high-risk men, of whom 5.3% were positive

The total number of individuals tested in Q4 increased by 245 or 115.6% from the previous quarter as a result of increased number of tests in all clinics following an increase in number of referrals from outreach teams.

In Q4, 52 individuals representing 6.2% of the total number of individuals tested in the four project testing sites tested positive for HIV including 2 children under the age of 15 who were classified as low risk men. The highest rate of detection was among high-risk women (13.9%) and WTS (13.8%) followed by high-risk men with 5.3%, low-risk men with 2.8% and low-risk women with 1.1%.

Of the total tested, 227 individuals (98 men and 129 women) including 7 children (4 boys and 3 girls) under the age of 15 were tested in Id Inad Clinic in Madang while the other 513 individuals (199 men and 414 women including 3 children under 15) were tested in the three sites in NCD including Ela Beach VCTC, Kilakila Clinic and Kaugere Clinic.

The newly established Koki Clinic was the only clinic that did not provide testing services in FY13 due to additional time required for the registration process with NCD Health Office. The facility has now been registered and testing will begin in FY14.

#### ACTIVITY 1.4.1 Conduct targeted stigma and discrimination sensitization

Two sensitization sessions were held in Q4; sensitization of Salvation Army staff working at Divisional Headquarters, and sensitization of the family members of MSM/MTS/TG women which was conducted as part of a monthly support group meeting. On the 20th of August 2013, FHI 360 staff conducted a sensitization session for Salvation Army staff working at the Divisional Head Quarters at Koki, which is where the Koki Clinic is situated. These are non-MARPsprogram PNG staff who will be sharing the same building as the clinic. The purpose of the meeting was to sensitize the employees so that they are tolerant and accepting towards MARPs who will be accessing the services, thus reducing stigma and discrimination at the Koki health care setting. There were 26 Salvation Army staff members (17 men and 9 women) in attendance, including the management from divisional commander to the general staff.

The other sensitization session was conducted in September by Four Square Church FSO Kila Williams for the 20 MSM/TG peer educators, their peers and families (see Activity 1.2.8).

#### **ACTIVITY 1.4.2 Continue to participate actively on national gender TWG**

This activity fits under the third objective and has therefore been moved there.

#### **ACTIVITY 1.4.3 Replicate lessons and best practices at other program implementation sites**

Lessons learned and best practices have been incorporated in the SBCC strategy as well as in other activities implemented under this objective. The training on micro-planning commenced in NCD in Q4 and will begin in Madang in Q1 of FY14.

### **OBJECTIVE 2: To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families**

#### **ACTIVITY 2.1.1: Expand to new clinical sites**

Koki Clinic was successfully registered as an Urban Clinic under NCD Health following receipt of an official letter of approval on September 12<sup>th</sup>. Koki is a brand-new clinic located within the Salvation Army Southern Division Headquarters building and will be managed by Salvation Army. This completes the registration process for new clinics in NCD, bringing the number of project health facilities in NCD to three. The first batch of medical drugs was been successfully requisitioned from the Area Medical Store for Koki Clinic.

FHI 360 and implementing partners have finalized the processes necessary for accreditation of OI/ART clinics in NCD. Accreditation for the Kilakila and Koki Clinics is expected to be obtained in the first quarter of FY14. Meanwhile the ART prescriber from Four Square Church has been trained by NDoH while the Medical Officer for Koki Clinic did not complete training due to being involved in an accident during the training. FHI 360 will ensure that a clinician from Koki Clinic attends the next IMAI training conducted by NDoH.

FHI 360 distributed medical equipment to Koki , Kaugere and Kilakila clinics in NCD on July 3<sup>rd</sup>. The equipment included microscopes, ophthalmoscopes, blood pressure machines, Cusco vaginal speculums, proctoscopes, stethoscopes, tape measures, sphygmomanometer cuffs and sharps disposal equipment. Two beds and the CD4 machines were delivered later. VCT and STI log books were printed by FHI 360 and distributed to Kaugere, Kilakila and Koki clinic in NCD and Id Inad Clinic in Madang while the HCT log book was also delivered to Ela Beach VCT center.

### ACTIVITY 2.1.2 Provide intensive in-service training, supportive supervision, and mentorship to Program clinical sites

FHI 360 Senior Technical Officer Dr. Anup Gurung conducted a refresher training on COGs for a total of 8 health care workers from Four Square and Salvation Army. The three and a half day training was conducted from 8<sup>th</sup>-10<sup>th</sup> July at the FHI 360 conference room and covered topics such as USAID and FHI 360 MARPs STI strategies and targets, overview of the COGS, STI syndromic case management, essential clinical skills for performing physical examination on females and males, technical assistance and supervision, introduction of performance to standard tools and discussions on job aids for COGS implementation. Project staff also attended IMAI and PICT trainings as discussed under objective 2.2.2. Id Inad Clinic was the only project clinic providing ongoing HIV care and treatment services in Q4 as it was the only project clinic accredited to provide antiretroviral therapy (ART) services. In Q4, Id Inad provided clinical care and support services for 218 HIV-positive individuals (86 men and 132 women) including 19 children under 15 years of age, 97% of whom (84 men, 127 women) were active on ART as of the end of September 2013, including all 19 children under 15. A total of 14 new HIV-positive patients (5 men and 9 women) were enrolled on ART at Id Inad Clinic in Q4.

As stated under activity 2.1.1, ART clinic in NCD are expected to be accredited in first quarter of FY14 and services will be provided thereafter.

### ACTIVITY 2.1.4 Explore means to break down barriers between community-based outreach programs and clinic-based service delivery

In Q4, the FHI 360 program team and Salvation Army conducted a quarterly clinical/outreach coordination meeting at the Divisional Headquarters of the Salvation Army at Koki. 12 project staff attended, including FSOs, M&E Officer and clinicians. The purpose of the clinical coordination meeting was to strengthen the referral mechanism. Discussions in the meeting included:

- Updates on the progress and achievements of each component of the project, in particular the VCT and outreach intervention
- Identifying and strategically minimizing gaps, challenges and barriers in accessing the VCT and clinical services provided.
- Share ideas/expertise and propose ways forward.

### ACTIVITY 2.2.2 Provide a suite of specialized training

Four VCT counselors, including 2 from Salvation Army and 2 from Four Square Church, attended PICT training conducted by NDoH. FHI 360 organized the logistics and made arrangements with NDoH for participants from the project in NCD to attend the trainings. FHI 360 also arranged for OI/ART

prescribers from Four Square Church and Salvation Army to attend an IMAI training conducted by NDoH in Goroka, Eastern Highlands from July 05<sup>th</sup> -16<sup>th</sup>. The participant from Salvation Army did not complete the training due to being involved in an accident. Other trainings were conducted as stated under objective 2.1.2.

#### ACTIVITY 2.2.3: Ensure regular meetings and communication

Regular meetings were held by FHI 360 and management of implementing partners in NCD with NCD Health Office and NDoH, which has resulted in official registration of the Koki Clinic in September 2013. Meetings have also made it possible for FHI 360 and partners to ensure the smooth implementation of activities highlighted throughout this report.

FHI 360 held a series of meetings with FSVAC in Q4 starting from July 04<sup>th</sup> which led to the talk-back shows on GBV conducted on two radio stations as well as other highlights reported under objective 3. The meetings have also resulted in planning for a two-day workshop to develop guidelines for safe houses.

#### ACTIVITY 2.2.4: Provide TA to the government of PNG

In Q4, FHI 360 staff members participated in National Strategic Information (SI) and CSTCST TWG meetings. FHI 360's STO M&E William Yeka participated actively as a member of the core working group established by NACS to oversee the implementation of a MARPS size estimation exercise. In September, 10-17<sup>th</sup> William participated in national consultations in Port Moresby as well as in Goroka, Eastern Highlands Province to discuss and finalize plans for conducting IBBS among WTS and MSM in Papua New Guinea. PNGIMR will develop the protocol with TA from US CDC and will conduct the IBBS once approved by ethical review boards. Three sites chosen for the IBBS are Mt Hagen, Lae and Port Moresby and the IBBS will be conducted using respondent-driven sampling.

#### ACTIVITY 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs

19 participants (4 males and 15 females) comprising case management team members from Id Inad Clinic as well as clinicians, HCT counselors and selected peer educators and their supervisors from PLWHA were trained in HIV case management. The training was held from August 5<sup>th</sup> -9<sup>th</sup> by FHI 360 Senior Technical Officer - CST, Dr Anup Gurung. The training was focused on pre-ART and adherence counseling. Case management team members for the OI/ART clinics in NCD will be recruited, trained and deployed once services are initiated.

#### ACTIVITY 2.3.2 Provide in-service training to case management team members



FHI 360 staff conducted case management training in Madang in Q4 (see 2.3.1) with the teams in NCD yet to be recruited, trained and deployed. Thus refresher training will be conducted following the initial training in Madang and NCD.

#### ACTIVITY 2.3.3 Strengthen referrals for PLHIV and their families

This activity was only initiated by PLWHA working in partnership with the Id Inad Clinic in Madang to train and orient the CMT members. The two IAs in NCD will initiate the activity following accreditation of OI/ART services.

#### ACTIVITY 2.4.1 Conduct regular meetings of the CoPCT-CC

This activity was not initiated as planned due to delay in signing of sub-agreement with Madang PHO. Sub-agreement was eventually signed in September as reported above paving way for this activity to be implemented.

#### ACTIVITY 2.5.1: Work closely with partners

Throughout Q4, FHI 360 and its IA worked closely with partners at the national and sub-national levels as well as partners from the private sector as reported elsewhere in this report. Major outcomes of the close coordination and partnership with partners such as the NCD Health Office and NDoH have included registration of Koki Clinic and completion of necessary preparations for accreditation of ART sites in NCD. A private partnership meeting has also held in Q4 (as discussed under Objective 1) as the result of close working partnerships and relationships.

#### ACTIVITY 2.5.2 Explore and establish relationships between the CoPCT program and private sector

This activity was not initiated as planned due to delay in signing of sub-agreement with Madang PHO. The sub-agreement between FHI 360 and Madang PHO was signed in September, paving the way for this activity to be implemented in FY14.

### **OBJECTIVE 3: To increase use of facility- and community-based gender and GBV interventions**

#### ACTIVITY 3.1.1 Develop a GBV prevention campaign to expand GBV integration into CoPCT activities



It was not possible to implement this activity in FY13 due to delay in accreditation of OI/ART clinics in NCD which would ensure the provision of comprehensive GBV services.

#### ACTIVITY 3.1.2 Conduct media advocacy

In Q4, FSVAC officers followed up on the progress of radio stations in relation to GBV reports following the training in Q3. FSVAC has received reports from provincial radio stations that after the training three provincial stations and one national radio station have developed and aired their own GBV programs. Among the provincial radio stations reported to have started airing GBV programs are Radio Western, Radio Sandaun, Radio East Sepik with the national radio station being the NBC in Port Moresby. According to Ms Ume Wainetti, the FSVAC Coordinator, in Daru, Western province, the GBV program is the most popular one attracting many listeners.

In September, FSVAC also conducted radio talkback shows on two radio stations on the topic “Why psychosocial support is important for survivors of sexual violence.” The first talkback show was hosted by NBC on September 19<sup>th</sup> and featured representatives from NDoH and MSF as panellists. The radio presenters had questions prepared for the panellists and asked for listeners to either call in or send text messages and ask questions. On September 20<sup>th</sup>, another talkback show was held at YUMI FM featuring FSVAC and FHI360 as panellists. In the later show, listeners were asked to ask questions through text messages, attracting a good number of listeners who texted in their questions for the panel to answer.

A planned meeting of media professionals in PNG was postponed to FY14 to give more time for editors and journalists to be sensitized to the topic (GBV). FSVAC has asked Charlie Tongia, an NBC broadcaster and male advocate, to coordinate this meeting.

#### ACTIVITY 3.1.4 Prepare for an annual GBV symposium

This activity was not implemented in FY13 due to slow start-up of project and related GBV activities. This activity has been further postponed to Q3 of FY14.

#### ACTIVITY 3.1.5 Raise awareness of gender issues through training of partner staff, service providers, and community leaders

This activity was not fully implemented in FY13 due to a delay in accreditation of OI/ART clinics in NCD which would ensure the provision of comprehensive GBV services. Nevertheless, IAs in Madang and NCD distributed GBV SBCC materials, such as the “No Violence Against Women” pamphlets produced by FSVAC and the PEP poster developed by FHI 360, during community events.

#### ACTIVITY 3.1.6 Support health care and outreach teams to handle GBV cases

It was not possible to fully implement this activity in FY13 due to delay in accreditation of OI/ART clinics in NCD which would ensure the provision of comprehensive GBV services. Nevertheless, a GBV case

management training titled 'MARPS Case Management of Sexual Violence Survivors' was held for 15 clinicians and counselors in Port Moresby from July 15<sup>th</sup>-19<sup>th</sup>. At the end of the training the participants drew up three-month and six-month action plans, implementation of which will be monitored by FHI 360 program officers. It was also pointed out that an SOP should be created for the running of the House of Hope and Meri Seif Haus. Development of SOP was delayed, as was implementation of action plans, due to delay in accreditation of clinics in NCD.

#### **ACTIVITY 3.1.8 Collaborate with law enforcement**

FHI 360 and IAs in NCD and Madang worked with the legal support services in Q4. During one of the support group meetings the PNG DLA was invited to present a session on HIV and Law as reported under objective 1.2.8.

#### **ACTIVITY 3.2.1: Recruit a strong cadre of peer educators**

As described above, under activity 1.2.1, the same individuals recruited as peer educators for HIV prevention will also be engaged in outreach for GBV once they are trained.

#### **ACTIVITY 3.2.2 Train OWs**

Training of OWs for GBV has been delayed to Q1 of FY14 due to delay in implementation of GBV clinical services.

#### **ACTIVITY 3.3.1 Promote a comprehensive package of services**

3 GBV survivors accessed trauma counseling at the Ela Beach VCT Center, 2 of whom were referred to House of Hope for follow-up support. The services accessed included food (3 meals a day), shelter and clothing as well as literacy and fellowship in the shelter.

#### **ACTIVITY 1.4.2 Continue to participate actively on national gender TWGs**

FSVAC did not organize any meetings of the Gender TWG in Q4; however, during a meeting between FHI 360, FSVAC and IAs in NCD, the topic of the safe house guidelines was discussed. This has resulted in planning for a two-day workshop, to be conducted by FSVAC, that will include all agencies currently supporting safe houses to discuss ideas on the development of national safe house guidelines. An initial meeting was held on Friday August 16<sup>th</sup> at FSVAC, at which workshop dates and participants were confirmed.

Those who participated in the initial discussions included Ms Wainetti (Program Coordinator, FSVAC), Mr Isi Oru (FSVAC), Mrs Bala and Mrs Setae (women group representatives), Major Ridia from Salvation Army House of Hope and Pastor Arthur Tane from Four Square Meri Seif Haus.

### ACTIVITY 3.3.2: Continue active involvement in policy-making bodies

FHI 360 staff members were actively involved in policy making bodies as members of various TWGs and committees as reported under Activity 1.4.2 and 2.2.4.

## OBJECTIVE 4: To strengthen health systems for HIV/AIDS service delivery

### ACTIVITY 2.2.1: Develop a training strategy and implementation plan with the IAs

This activity was accomplished in Q3.

### ACTIVITY 4.1.1: Provide strategic and intensive on-the –job TA for partners M&E staff and stakeholders and routine program monitoring, data management, analysis and use

In Q4, FHI 360 Senior Technical Officer (M&E) William Yeka conducted a one-day data analysis workshop focusing on analysis and review of program monitoring data for 9 staff (4 men and 4 women) including 2 staff from Id Inad Clinic, 5 staff from PLWHA, 1 staff from Madang PAC and 1 from FHI 360, Madang Office. Staff members were shown how to interpret and present program data in three different formats (tables, graphs and narrative). Staff members were also instructed to review their organizations' past performance by analyzing trends, and to discuss ways to make adjustments in their programs where necessary. Participants from PLWHA came up with graphs which showed that peer educators, most of whom are WTS, were reaching more high-risk men than WTS in Q3. Data analysis from Id Inad indicated that WTS and MSM are not accessing STI management and HCT services. It was decided that barriers would be explored during the peer support group meetings and clinical coordination meetings.

On 17<sup>th</sup> July, 2013 FHI 360 and USAID conducted a joint data quality assessment exercise in health facilities in NCD focusing on PEPFAR Indicator "*Number of individuals who received counseling and testing services for HIV and received their results*". The assessment team comprised of Dr Pankaja Panda, Health Advisor, USAID; William Yeka, Senior Technical Officer – M&E, FHI 360; Dr Anup Gurung, Senior Technical Officer, FHI 360; Daniel Tesfaye, Deputy Director/Deputy Chief of Party, FHI 360. On 27<sup>th</sup> August, 2013 FHI 360 through William Yeka, Senior Technical Officer – M&E conducted DQA at PLWHA and Id Inad Clinic focusing on outreach data and HCT data, respectively for the last three months and assessed the M&E systems. Findings in all DQA revealed that data from the clinics in both NCD and Madang were of good quality whereas quality of outreach data in Madang needed strengthening.

During the August trip to Madang, FHI 360 STO – M&E, William Yeka provided mentorship and technical support to PLWHA M&E Officer to ensure proper filing of all daily dairies following findings from DQA. M&E Officer was instructed to check with FSO and match her records before submitting the monthly report. FHI 360 STO Care and Treatment Dr Anup Gurung assisted the data entry clerks in Id Inad clinic to start entering all OI/ART data in an Excel database that he had installed in their computer during his site visit August.

FHI 360 team also provided mentoring in all three clinics using the tools like referral cards, case sheets, peer daily diary and weekly summary by supervisor.

On August 1<sup>st</sup>, FHI 360 met with the new M&E Officer for Salvation Army and orientated him on M&E procedures and tools and took him through the M&E plan in a two-hour session.

#### ACTIVITY 4.1.2 Strengthen ProMEST

The sub agreement between FHI 360 and Madang provincial health office was finalized in September 2013 paving the way for FHI 360 to take a more proactive approach in implementing this activity. In Q4 however, FHI 360 invited the M&E Officer of Madang provincial AIDS committee as well as the Provincial health Information Officer to be part of the DQA conducted on 27<sup>th</sup> August at PLWHA and Id Inad Clinic however both officers did not attend due to a conflict with their own schedules. The M&E Officer for PAC attended the data analysis and review workshop on 28<sup>th</sup> August.

#### ACTIVITY 4.1.3: Introduce an electronic data entry management, and reporting system

The more sophisticated data entry management system originally envisioned for this project will not be possible due to constraints imposed by the revised project budget. FHI 360 therefore developed a standardized reporting system in Microsoft Excel for outreach and clinical data entry and reporting by all implementing partners as reported in Q2 and Q3. In Q4 the Excel data management and reporting procedures were further refined, resulting in improved quality of data being generated by the clinics. The FHI 360 SI team also developed and installed an Excel database in Id Inad Clinic which is now being used for entry of all OI/ART data. The same files will be installed in Koki Clinic and Kilakila Clinics once the clinics are accredited for OI/ART. However, simple Excel data files are not suitable for managing clinical records to follow a cohort of HIV positive individuals on long-duration treatment; therefore, FHI 360 will explore other options for a long-term solution, such as training and use of in-house expertise in data management to develop a more suitable data management and reporting system using other software such as Microsoft Access.

#### ACTIVITY 4.1.6 Monitor implementation of Clinical Operating Guidelines (COGs)

FHI 360 conducted regular monitoring of COGs in all three currently operational clinics.

#### ACTIVITY 4.2.1 Operationalize an “early warning system”

FHI 360 provided mentoring on establishment of a pilot Early Warning System for ARV drug stock outs at Id Inad Clinic in Madang. Two more stock taking for drugs are needed before the system can be firmed up and rolled out to other facilities, including new ART sites in NCD.

#### ACTIVITY 4.2.2 Collaborate with the NDoH, CHAI, and AusAID and other partners to fill in gaps in the national supply chain

FHI 360 was not able to implement this activity in FY13 to allow time for FHI 360 to assess the success of its own early warning system.

## CHALLENGES

- The project has faced many challenges in achieving its aim of providing quality HIV/AIDS services at the government-funded and run Id Inad Clinic, most notably that FHI 360 provides technical assistance only. This is due to inadequate staffing as well as lack of motivation to do any work by assigned staff. FHI 360 is in consultation with Modilon General Hospital to address issues related to staff absenteeism and lack of motivation to do quality work in Id Inad Clinic.

## FINANCIAL SUMMARY

Period Budget	Period Actuals	Remaining Balance	Explanation
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families			
176,721	178,483	(1,763)	
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
174,434	168,163	6,271	
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
169,266	160,353	8,912	
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
143,444	166,310	(22,866)	Technical assistance was provided for Madang Partnering organization in Data quality audit, data analysis using excel, which require travel to Madang on three occasions.
Total Indirect Cost			
177,445	168,581	8,864	

